

Check or Money Order
Payable to
Monroe County

OFFICE OF VITAL STATISTICS – GENEALOGY RESEARCH
111 WESTFALL RD., RM. 147
P O BOX 92832
ROCHESTER, NY 14692
(585) 753-5141

New fee schedule effective 9/1/03:

1-3 year search - \$22.
4-10 year search - 42.
11-20 year search - 62.
21-30 year search - 82.

TYPE OF RECORD DESIRED (CHECK ONLY ONE)

☐ Birth ☐ Death

Year(s) of search: _____

Name on record: _____

(One name ONLY) (If birth request-use woman's maiden name)

Date/approximate year of birth _____

Date/approximate year of death _____

Place of Birth _____

Place of Death _____

Name of spouse (if any) _____

Name of Father _____

Maiden Name of Mother _____

Name of Cemetery _____

Your relationship to this person _____

TYPE OF RECORD DESIRED (CHECK ONLY ONE)

☐ Birth ☐ Death

Year(s) of search: _____

Name on record: _____

(One name ONLY) (If birth request-use woman's maiden name)

Date/approximate year of birth _____

Date/approximate year of death _____

Place of Birth _____

Place of Death _____

Name of spouse (if any) _____

Name of Father _____

Maiden Name of Mother _____

Name of Cemetery _____

Your relationship to this person _____

TYPE OF RECORD DESIRED (CHECK ONLY ONE)

☐ Birth ☐ Death

Year(s) of search: _____

Name on record: _____

(One name ONLY) (If birth request-use woman's maiden name)

Date/approximate year of birth _____

Date/approximate year of death _____

Place of Birth _____

Place of Death _____

Name of spouse (if any) _____

Name of Father _____

Maiden Name of Mother _____

Name of Cemetery _____

Your relationship to this person _____

NAME AND ADDRESS (Please print)

Name _____

Address _____

City/State/Zip _____

Phone # _____

**To the best of my knowledge, the person(s) named in
the records requested in this application are deceased.**

(SIGNATURE OF APPLICANT)